COMMUNITY HEALTH NEEDS ASSESSMENT

2019-2022

ADOPTED BY BOARD OF COMMISSIONERS
DECEMBER 2019

Mason General Hospital
& Family of Clinics

Table of Contents

Executive Summary

Mason County Public Hospital District No 1, Mason General Hospital & Family of Clinics (MGH&FC) is a public hospital district (District) operating a critical access hospital (CAH) and a family of primary care and specialty clinics. Every day, every touch, our patients are at the center of all we do. In partnership with our employees and community, we also work daily to realize a healthier community.

The geographic boundaries of the District include all of south and central Mason County, an area representing nearly 90% of the total population of Mason County. Approximately 75% of MGH&FC's patients reside within the District boundaries.

The District's programs, providers and services have grown exponentially over the past decade: our provider recruitment efforts have been tremendously successful, with14 new providers in place to start into 2020. This team of new providers will significantly expand services in the areas of pediatrics, family medicine, internal medicine, podiatry and behavioral health.

Vision

Provide the best patient-centered care in the Pacific Northwest.

Mission

United Community, Empowered People, Exceptional Health.

Values

Service and Relationships

Of the many health indicators examined during this CHNA, Mason County performs well in the areas of diabetes and preventable hospital admissions. However, the County lags in obesity, many chronic diseases, smoking, alcohol abuse among students, physical activity and mental health and substance use. Available data confirms that these same trends exist within the District boundaries, a subset of the County.

Social and economic factors—the social determinants of health that impact health present challenges to District residents and to the entirety of Mason County when compared with Washington State overall. For example, Mason County residents have lower educational attainment and lower incomes, and are more likely to live in poverty and struggle to make ends meet.

Our 2019 CHNA demonstrates an authentic commitment to collaborate and share resources and expertise with the goal of improving health. In the context of community collaboration and shared resources, MGH&FC presents its 2019-2022 CHNA.

Methodology, Data & Community Convening

MGH&FC's 2019-2022 CHNA process was undertaken in close collaboration with Mason County Community Services (Public Health) and the Mason County Health Coalition, among others.

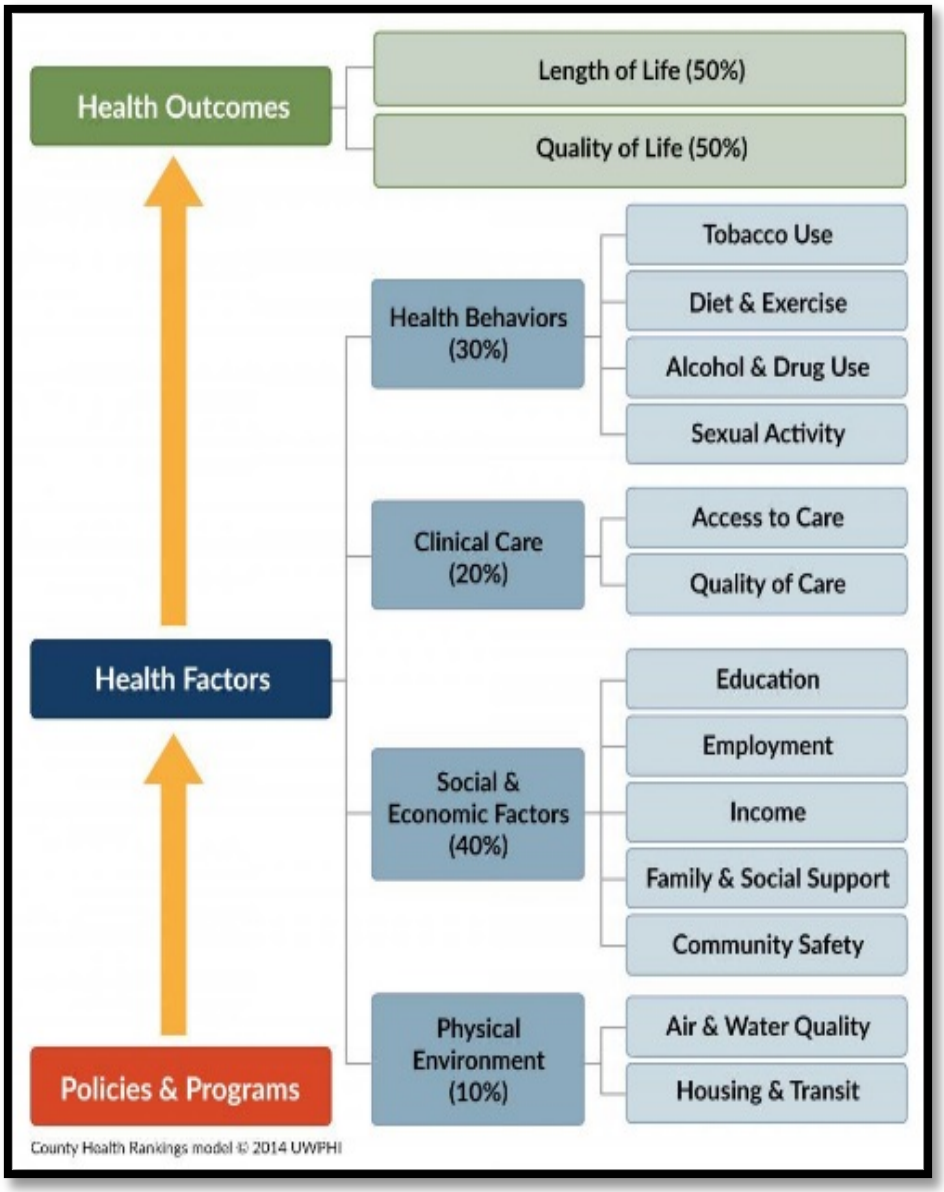
With the financial support of the Cascade Pacific Action Alliance (CPAA), a robust community process to review community health data was undertaken. The process culminated in a community session in late October of 2019 where data was shared, group conversations were held, and the more than 50 participants prioritized service gaps and unmet needs. The organizations represented at the community convening - in addition to CPAA, MGH&FC, Mason County Community Services and the Mason County Health Coalition - are listed in the text box to the right.

Community Convening Participating Organizations

- Area Agency on Aging
- Behavioral Health Resources
- Central Mason Fire and Emergency Medical Services
- Columbia Bank
- Community Lifeline
- Mason County Commissioners
- Crossroads Housing
- Department of Social and Health Service
- Family Education Support Services
- Hospital District #1
- Hospital District #2
- Housing Options for Students in Transition
- Mason County Community Services – Public Health
- Mason County Sherriff's Department
- Mason Transit Authority
- Molina
- North Mason Regional Fire Authority
- North Mason Resources
- North Mason School District
- Northwest Resources II
- Olympic Community College – Shelton
- Peninsula Community Health Services
- Peninsula Credit Union
- Shelton City Council
- Shelton City Manager
- Shelton Family Center
- Shelton School Board/Board of Health
- Skokomish Indian Tribe
- Social Treatment Opportunity Program
- Squaxin Island Tribe
- State legislators
- Telecare
- Turning Pointe Survivor Advocacy Center

Robert Wood Johnson's Health Rankings Model, shown in Figure 1, was used to organize our work. This Model emphasizes the many factors in population health that, if improved, can help make communities healthier places to live, learn, work and play. In the Health Rankings Model, the current health status of a community is called health outcomes, which is calculated by rates of mortality (premature death) and morbidity (chronic diseases). In turn, these health outcomes are influenced by health factors in a community; ranked by a calculation of various health behaviors, clinical care, social and economic, and physical environment measures. Health factors represent what will influence the future health of a community, while health outcomes represent how healthy a community is today. There are evidence-based policies and programs that a community can implement to improve health factors and, ultimately, improve its health outcomes.

Figure 1: Health Rankings Model



The majority of the data used in this CHNA was compiled by Mason County Community Services. Where possible, MGH&FC collected additional data specific to its District. Supplementary data was also compiled and interpreted with the assistance of Health Facilities Planning & Development, a Seattle-based consulting firm that specializes in health planning and data analysis in rural communities throughout the Northwest. Data sources used include:

- The Behavioral Risk Factor Surveillance Survey (BRFSS)
- US Census and the American Community Survey (ACS)
- Washington Healthy Youth Survey
- United Way ALICE report
- Robert Wood Johnson Foundation's County Health Rankings and Community Commons' Health Indicator Reports
- Washington State Report Card, Office of Superintendent of Public Instruction
- County Health Assessment Tool, Washington Department of Health
- Drug Overdose Dashboard, Washington Department of Health

The robust discussion and prioritization process resulted in the community ranking priorities as follows:

- Access to Behavioral Health
- Healthy Living
- Access to Affordable and Healthy Housing
- Access to Healthcare Services
- Trained and Prepared Workforce
- Healthy and Empowered Families
- Clean and Healthy Environment

2016-2019 CHNA Review

MGH&FC's 2016-2019 CHNA focused on two community priorities wherein MGH&FC would serve either as the **lead** for implementation strategies or as an **active support/partner**:

- Mitigating barriers that restrict access to health care and full realization of the promise of population health **(Lead)**
- Realize a healthier environment and opportunities for Mason County's children, youth and families **(Active Support/Partner)**

The following implementation strategies were adopted by the Board for each of the two priorities:

1. **Mitigating barriers that restrict access to health care and full realization of the promise of population health (Lead):**
    a. Continue in-person assister program. 2017-10/2019 = 4,359 patients signed up for health insurance.
    b. Recruit and retain providers, and continue to build health care delivery teams in the primary care clinics
        i. Focus on controlling risk factors and managing chronic diseases by active care coordination and patient, family, provider engagement
    c. Provide more flexible options for accessing care (i.e. walk-in or same day care options). Walk-in clinic hours expanded to include Sat/Sun and holidays 10am-5pm. Total clinic same day 'open appointment times' average >35/day.
    d. Continue to improve processes in the clinics to support more open slots and more available provider time.
    e. Assure seamless transitions for District patients within our care.
        i. Identify supply of safe discharge housing options.

2. **Realize a healthier environment and opportunities for Mason County's children, youth and families (Active Support/Partner):**
    a. Support Shelton School District's Graduation Matters Initiative
    b. Finalize K-12 curriculum with Shelton School District for implementation in 2018
    c. Develop outreach to support at-risk youth, young adults in transition and young parents and families in accessing health care and other social support services in the following areas:
        i. Housing
        ii. Meals
        iii. Making healthy choices
        iv. Parenting skills

In direct support of **Strategy #1 *Mitigating barriers that restrict access to health care and full realization of the promise of population health***, MGH&FC has made significant investments in recruiting and retaining providers. While Table 1 suggests that Mason County still has far fewer primary care providers per 1,000 population than the State, since 2016, MGH&FC has experienced a net increase of providers, including 14 new providers that will be added between June 2019 and June of 2020. MGH&FC's commitment to access also includes the design and construction of a new medical clinic to house and co-locate providers

What is the Collaborative Care Model?

A type of integrated care that treats common mental health conditions such as depression and anxiety that require systematic follow-up due to their persistent nature. Trained primary care providers and embedded behavioral health professionals provide evidence-based medication or psychosocial treatments, supported by regular psychiatric case consultation and treatment adjustment for patients who are not improving as expected.

In our 2016 CHNA, we identified uninsured in the County at 19% in 2013 and 11% in 2015. While data lags, the measures shown in Table 1 demonstrate that the percentage of uninsured residents in the County has now declined to 10%.

Table 1. Provider Ratios and Uninsured Rates 2018

Population	Mason County	Washington
Primary Care Provider Ratio	4,440:1	1,220:1
Mental Health Provider Ratio	650:1	310:1
Uninsured Population	10.0%	7.0%

In terms of reducing barriers, MGH&FC has made significant in-roads to improving access to behavioral health services by formalizing a mental health & wellness program. In 2019, MGH&FC recruited three full-time Psychiatric Nurse practitioners in addition to a current part-time tele psych practitioner and one behavioral health coordinator. We also implemented the collaborative care model through the University of Washington's AIMS program and implemented a disease-based registry for depression and anxiety.

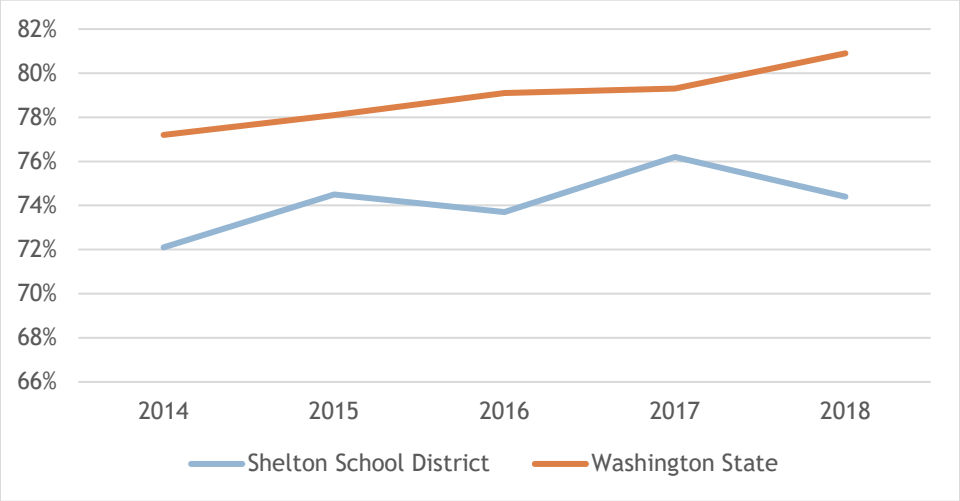
MGH&FC also devoted resources to creating an Enhanced Care Coordination Program. The Program is staffed with four Population Health Specialists. These Specialists focus on preventive screenings and immunizations. In addition, MGH&FC now staffs the hospital with dedicated social work resources, with the purpose of connecting patients to the services they need at home and in the community and avoiding unnecessary hospital admissions.

MGH&FC has continued the in-person assister program, and altered our clinic schedules and processes to improve same-day access to care and overall access to providers. The change to the clinic schedule coupled with the addition of new providers has expanded access by supporting same day appointments. In order to improve preventive care, MGH&FC applied for and received a state quality improvement grant to improve the process for influenza immunization documentation.

Related to **Strategy #2, *Realizing a healthier environment and opportunities for Mason County's children, youth and families***, MGH&FC has supported the Shelton School District's Graduation Matters initiative by developing a Health Sciences Academy. Over 300 high school students have enrolled in the Academy, which offers students tours of the hospital and speakers based on their interest in one of four tracts: Therapeutic Services, Patient Care Services, Biomedical Sciences, and Health Care Business. The special curriculum offers job shadow opportunities at MGH&FC. In addition, 50 staff members were involved to date in hospital tours and in class presentations for the Academy students.

While still below the State average, the trend in four-year graduation rates in the Shelton School District has improved, though we are working with the School District to better understand the 2018 downturn. (Figure 2).

Figure 2. Four-Year Graduation Rate, Shelton SD and WA state, 2014-2018



For at-risk youth and young parents and families, MGH&FC has made significant financial contributions as well as commitments of staff time including:

1. **Community Garden:** MGH&FC continues to support the onsite garden and includes senior leadership volunteer time.

2. **Community Pool:** The local community pool is a vital resource supporting healthy exercise and fitness. MGH&FC continues to support the pool's financial sustainability with a one-time monetary contribution.

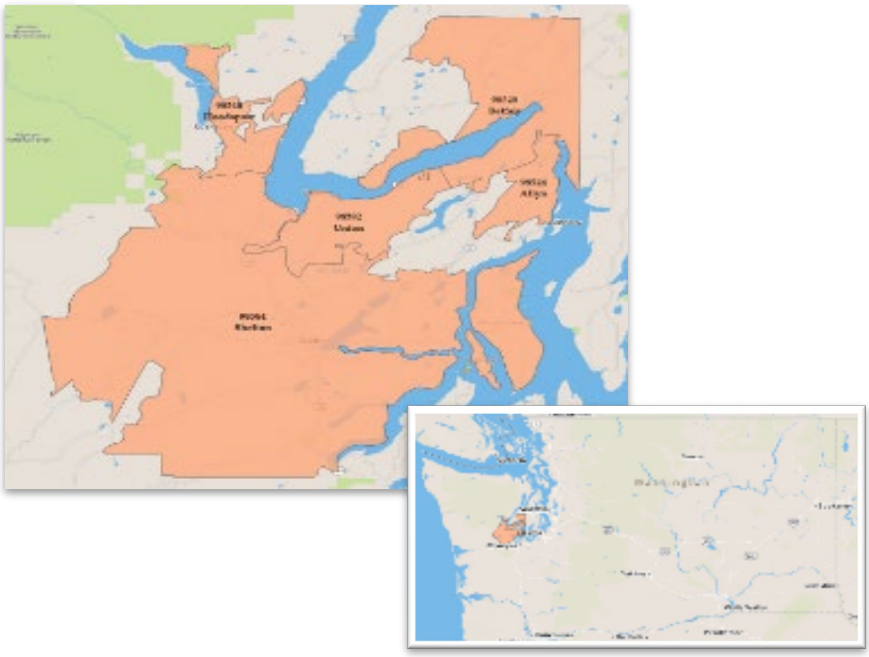
3. **YMCA**: MGH&FC has committed to lease space at the YMCA to operate outreach activities. We are also intending to create community meeting space at the YMCA that will be used to:
   - Provide health education, including exercise and weight management and healthy cooking classes.
   - Offer Diabetes Prevention Programming ("DPP") that is supported by the CDC and is a Medicare reimbursable program.
   - Provide support groups including: Cancer Support groups, Diabetes Support groups.
   - Offer Individual health coaching provided by advanced practice providers.
   - House community liaison services to connect the community to available resources.

4. **Early Learning:** MGH&FC supports the Mason County Early Learning Coalition by providing staff time that assists in fairs and general outreach. The mission of the Coalition is to support parents, caregivers and the community in developing the skills children need to be successful in school and life.

Our Community

MGH&FC is located in Shelton, Washington. The geographic boundaries of the District include the entirety of south and central Mason County. Nearly 75% of MGH&FC's patients reside within the District boundaries. The County, as seen in Table 2, has a current population of more than 60,000 people. The District, our service area and community focus for this CHNA, has nearly 55,000 residents.

Figure 3. District Map



Demographics & Socio-Economics

Demographic factors have a strong effect on health status, health care usage and access to health care services. Our community is growing, and is increasingly Hispanic/Latino. About 22% of the community is under the age of 20 and another 21% are over the age of 65.

Table 2. Key Demographics: Hospital District, Mason County, and Washington State

	District		Mason County		Washington	
	#	%	#	%	#	%
Total population	54,929	100%	61,569	100%	7,169,967	100%
0-5-year olds	3,071	5.6%	3,238	5.3%	448,145	6.3%
5-19-year olds	9,220	16.8%	9,917	16.1%	1,340,399	18.8%
Adults 20-64	31,213	56.8%	35,076	57.0%	4,352,383	60.9%
Seniors 65+	11,425	20.8%	13,338	21.7%	1,029,040	14.4%
Hispanic/Latino	5,627	10.0%	5,694	9.2%	882,108	12.3%
American Indian/Alaska Native	1,894	3.4%	1,932	3.1%	94,754	1.3%

Source: U.S. Census, American Community Survey

Our community also faces significant poverty. While recent data suggest we've made progress in lowering the proportion of adults and children in poverty since 2014, Table 3 depicts that the rate of all children in poverty and extreme poverty (25.7% and 10.2%, respectively) in the County still continue to be significantly higher than state rates.

Table 3. Federal Poverty Rates for Select Populations, 2014-2017

Population	Mason 2014	Mason 2017	WA State 2017
Total Population	17.1%	16.2%	12.2%
Children under 18	27.8%	25.7%	15.8%
Children under 18 in Extreme Poverty*	14.4%	10.2%	6.9%

The number and share of children who live in families with incomes less than 50 percent of the federal poverty level, as defined by the U.S. Office of Management and Budget
***Sources: 2010*-2014 and 2013-2017 American Community Surveys, U.S. Census Bureau**

As shown in Table 4, the poverty rate for most communities within the District is above the statewide rate of 12.2%. With the income exception of Allyn and the educational exceptions of Allyn and Union, median household incomes and high school diploma rates also lag behind the state (Table 4).

Table 4. Socioeconomic Characteristics of the District

Area	High School Diploma or Higher By Age 25	Poverty Rate	Median Household Income	Language other than English spoken at home
Shelton (98584)	87.7%	17.7%	$51,183	10.2%
Belfair (98528)	84.1%	21.0%	$57,520	10.6%
Union (98592)	95.4%	2.3%	$59,079	0.0%
Hoodsport (98548)	86.4%	15.3%	$37,476	8.7%
Allyn (98524)	93.0%	6.0%	$66,902	1.8%
Mason County	87.8%	16.2%	$53,087	8.4%
WA State	90.8%	12.2%	$66,174	19.1%

Source: U.S. Census, American Community Survey. Note: Table 4 presents graduation rates by age 25. Figure 2 depicts 4 year graduation rates.

Health Status and Health Outcomes

As depicted in Table 5, and consistent with the state, the leading causes of death in Mason County are cancer and cardiovascular disease. However, both cancer and cardiovascular death rates are higher in Mason County than the state.

Table 5. Leading Causes of Death in Mason County, 2017 and 2014

Cause of Death	Mason County			WA State
	Age-adjusted Death Rate	Rank in 2017	Rank in 2014	Age-adjusted Death Rate
Cancer	177.2	1st	1st	147.3
Cardiovascular Disease	149.7	2nd	2nd	137.2
Accidents	58.7	3rd	4th	44.1
Chronic Lower Respiratory Disease	41.6	4th	3rd	37.6
Alzheimer's	33.4	5th	6th	45.4
Stroke	27.1	6th	5th	36.5
Suicide	19.6	7th	8th	17.1
Diabetes	14.7	8th	7th	21.4
Chronic Liver Disease and Cirrhosis	11.0	9th	9th	11.4
Influenza and Pneumonia	8.3	10th	10th	12.5

Source: Washington State Department of Health

The overall health status of adults in Mason County appears to be worse than that of adults in Washington State in 2019 (Table 6); adults in Mason County were more likely to report experiencing poor or fair physical health days in a month, and reported a higher number of days with debilitating physical or mental health concerns. The proportion of low birthweight births, an important measure of maternal-child health, appears to match Washington State overall.

Table 6. Key Health Outcomes, Mason County and Washington State, 2016-2019

HEALTH OUTCOMES	Mason 2016	Mason 2019	WA State 2019
Population Reporting Poor or Fair Health Days*	15%	16%	14%
Poor Physical Health Days*	3.8	4.2	3.7
Poor Mental Health Days*	3.8	4.0	3.8
% Low Birthweight Births**	6%	6%	6%

Source: RWJF County Health Rankings, 2016 and 2019

Behavioral Health

The term behavioral health encompasses behavioral risk factors for disease, such as smoking, drinking, and substance abuse, as well as mental health conditions, such as depression. It has been estimated that nearly 40% of all deaths in the United States are a result of behavioral health risk factors.[1]

Health Behaviors and Health Outcomes

Table 7 provides selected data for Mason County on several behavioral risk factors and related health outcomes. While there has generally been improvement between the 2016 and 2019 reported data, Mason County residents still generally have a higher frequency of poor mental and physical health days and higher rates of smoking, physical inactivity, obesity, and heart disease than Washington residents.

Table 7. Adult Health Outcomes and Behaviors 2016-2019

	Mason 2016	Mason 2019	WA State 2019
HEALTH BEHAVIORS			
Smoking*	20%	16%	14%
Excessive Drinking	19%	17%	18%
Physical Inactivity	24%	22%	17%
HEALTH OUTCOMES			
Poor Mental Health Days*	3.8	4.0	3.8
Poor Physical Health Days*	3.8	4.2	3.7
Obesity	33%	36%**	27%**
Diabetes	8%	9%**	8%**
High Blood Pressure		35%**	28%**
High Cholesterol		37%**	31%**

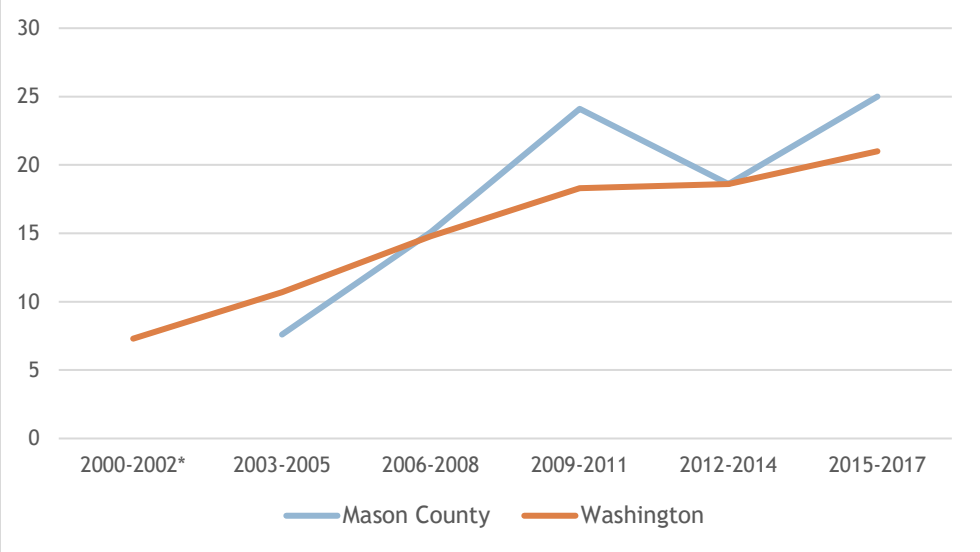
Reporting method changed and should not be compared to prior years
****Data are from the combined 2012-2016 Behavioral Risk Factor Surveillance System, compiled by the Mason County Health Department***
Sources: RWJF County Health Rankings, 2016 and 2019, Mason County Health Department 2018 Community Health Assessment

[1] McGinnis JM et al, The Case for More Active Policy Attention to Health Promotion, Health Affairs, March 2002 vol. 21 no. 2 78-93.

Opioid Overdose in Mason County

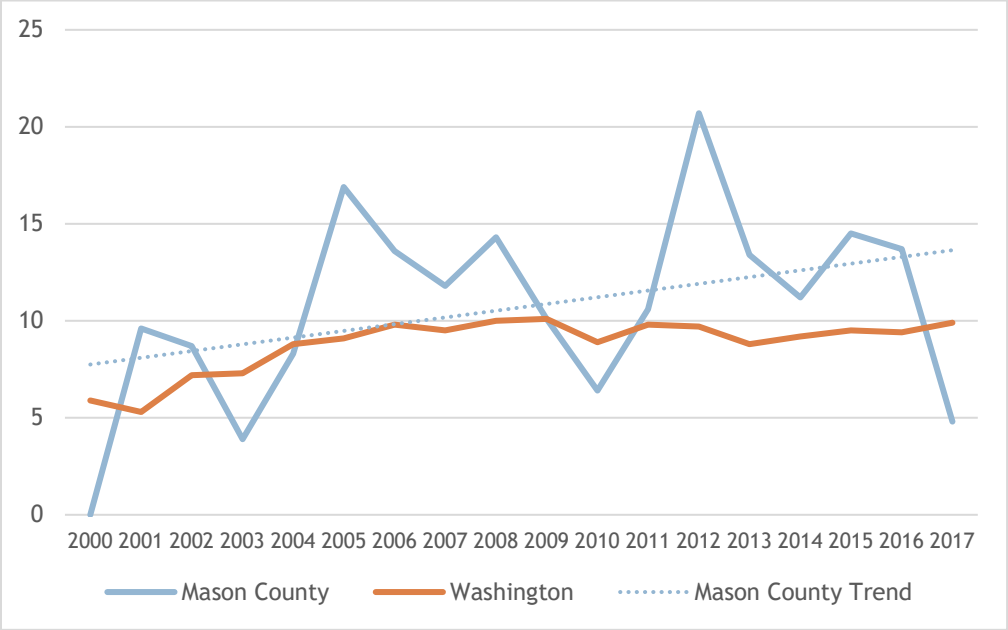
Since about 2005, Mason County residents have experienced rates of hospitalization and death due to opioids that are slightly higher than that of Washington State overall (Figures 4 & 5). The death rate in Mason County has declined since 2012, while the hospitalization rate continue to rise, possibly reflecting improved state and local emergency response to overdoses.

Figure 4. Hospitalizations per 100,000 Due to Any Opioid Overdose, 2000-2017



no data available for Mason County
Source: Overdose Dashboards, Washington State Department of Health

Figure 5. Opioid Overdose Deaths, Mason County & Washington State, 2000-2017



Source: Overdose Dashboards, Washington State Department of Health

MGH&FC has supported the development of additional resources to directly target behavioral health needs. While not operated by MGH&FC, we are pleased to see a new 24/7 16-Bed Evaluation and Treatment Centers (E&T) for adults is scheduled to open in Shelton in December. The site will also include a second floor, longer-term E&T, that is planned to open in 2020.

Youth Health Behaviors and Health Outcomes

When compared to youth in Washington State overall, young people in Mason County endure a greater burden of mental and physical health challenges. 10th graders in Mason County are more likely to be physically inactive, use cigarettes, and use e-cigarettes than Washington State 10th graders overall. They have similar nutritional habits to 10th graders in the state, and their rate of obesity is becoming more in-line with the state rate over time.

Table 8. Youth (10th grade) Health Behaviors and Selected Outcomes, 2014-2018

Area	Mason 2014	Mason 2016	Mason 2018	WA State 2018
HEALTH BEHAVIORS				
No physical activity	20%	17%	19%	15%
Eat <5 fruits/veg per day	84%	79%	80%	83%
Smoking cigarettes	12%	8%	9%	5%
Vaping/e-cigarette use	n/a	19%	28%	21%
Alcohol use	25%	22%	21%	19%
HEALTH OUTCOME				
Obesity	17%	16%	15%	14%

Sources: WA Healthy Youth Survey, 2014, 2016, 2018

Mason County youth have significant mental health needs that are worsening over time, with high rates of depression and suicidality relative to Washington youth across every age category.

Table 9. Youth Mental Health Outcomes, 2014-2018

Area	Mason 2014	Mason 2016	Mason 2018	WA State 2018
DEPRESSED FEELINGS				
8th Graders	27%	33%	36%	32%
10th Graders	42%	35%	46%	40%
12th Graders	34%	41%	50%	41%
CONSIDERED SUICIDE				
8th Graders	16%	21%	22%	20%
10th Graders	21%	29%	28%	23%
12th Graders	18%	24%	29%	22%

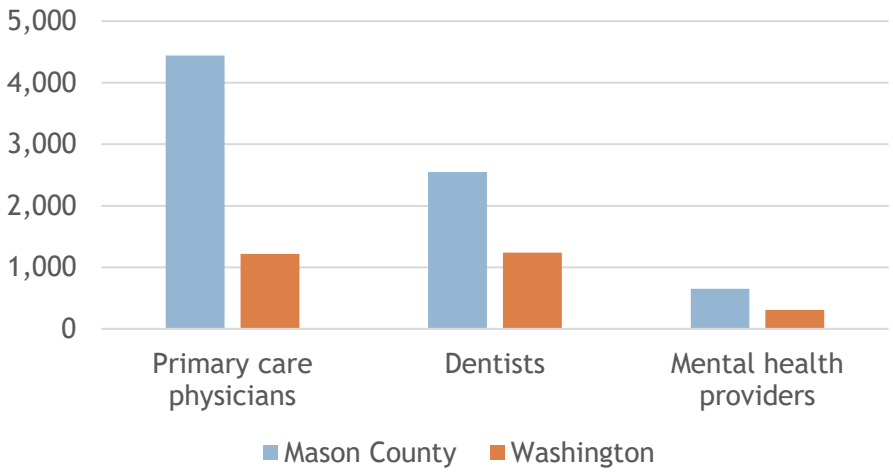
Sources: WA Healthy Youth Survey, 2014, 2016, 2018

Access to Care

Even with MGH&FC's recent successes related to provider recruitment, Mason County has fewer providers per capita (see Figure 6 below) and a higher rate of uninsured residents (Table 10) than the state.

Despite the high population-to-provider ratio, Mason County fares well relative to Washington State on key measures of access to care. Mason County residents have fewer days of preventable hospital stays and nearly an equal proportion of Medicare enrollees that are up-to-date with mammography screening (Table 10).

Figure 6. Ratio of providers to population, Mason County and Washington, 2019



Source: RWJF County Health Rankings

The rate of preventable hospital stay days measures the amount of time patients spend in the hospital for a condition, such as diabetes or high blood pressure, that could have been managed and treated in an outpatient setting with quality primary care. This measure may also represent a tendency to overuse hospitals as a main source of care. Preventable Hospital Stays could be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care-sensitive conditions primarily as a proxy for access to primary health care.

The fact that Mason has lower preventable hospital stay days than Washington State despite having many fewer primary care providers per capita shows the strength of the community's current primary care.

Table 10. Select Access to Care Measures, 2016-2019

	Mason 2016	Mason 2019	WA State 2019
Uninsured	11%	10%	7%
Preventable Hospital Stay Days*	n/a	2,892	2,914
Flu vaccination	41%	38%	44%
Mammography screening	37%	40%	39%
Complete Immunizations (Kindergarteners)	81%	80%	86%

reporting method changed and earlier data not available. The rate in the table below is the rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.

Source: RWJF County Health Rankings, 2016 and 2019;
Immunization data is from the Washington State Department of Health, Office of Immunization and Child Profile, and is 2015-2016 and 2017-2018

In addition to preventable hospital stays, Table 10 also looks at select access to care measures such as the percentage of population that received a flu vaccine, is current on immunizations and had a mammography screening. These lagging measures (the 2019 report includes 2016 data) are considered important. For example, influenza is a potentially serious disease that can lead to hospitalization and even death. Every year there are millions of influenza infections, hundreds of thousands of flu-related hospitalizations, and thousands of flu-related deaths. An annual flu vaccine is the best way to help protect against influenza and may reduce the risk of flu illness, flu-related hospitalizations, and even flu-related death. The statistic in Table 10 is the percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. Mason County is doing better than the state on this measure.

Childhood immunization programs can dramatically reduce the incidence of certain childhood diseases, and low rates of immunization may also indicate the presence of important barriers to other preventive health care services. The statistic in Table 10 identifies the percentage of Kindergarteners who have all the recommended immunizations and demonstrates that Mason County is performing worse than the state on this indicator.

Similarly, evidence suggests that mammography screening reduces breast cancer mortality, especially among older women. A physician's recommendation or referral – as well as satisfaction with physicians – are major factors facilitating breast cancer screening. Currently, women ages 45-54 are recommended to get mammograms every year, and women 55 and older are recommended to get mammograms every 2 years. The data in Table 10 is the percentage of female Medicare enrollees ages 65-74 that received recommended mammography screening in 2016. Mason County is performing equal to the state on this measure.

Environmental Factors

ALICE and Poverty

Lack of income and resources is a critical indicator of poor mental and physical health outcomes. Public policy experts have long understood that many families struggle to afford a basic budget despite living above the Federal Poverty Guideline (FPG).

Families in Mason County are increasingly living on the margins, struggling to afford a basic household budget. In 2018, over half of Mason County residents were either ALICE or in poverty, an increase of 34% since 2015.

What is ALICE?

The United Ways of the Pacific Northwest ALICE reports over time summarize the status of ALICE families—an acronym that stands for Asset Limited, Income Constrained, Employed. These are families that work hard, often at multiple jobs, and earn above the Federal Poverty Guideline (FPG), but do not earn enough to afford a basic household budget of housing, childcare, food, transportation, and health care. Most do not qualify for Medicaid coverage.

Table 11. ALICE and Poverty Households, 2019

	% ALICE and Poverty, 2015	% ALICE and Poverty, 2018	% change 2015-2018
Allyn CDP*	16%	34%	213%
Belfair CDP	49%	50%	2%
Grapeview CDP	31%	28%	-9%
Hoodsport CDP	52%	58%	12%
Shelton City	49%	66%	35%
Skokomish CDP	59%	71%	20%
Union CDP	29%	28%	3%
Mason County	38%	51%	34%
WA State	32%	37%	16%

CDP – Census Designated Place
Sources: United Way ALICE Report, 2015 & 2018

Housing and Homelessness

There is a strong and growing evidence base linking stable and affordable housing to health. As housing costs have outpaced local incomes, households not only struggle to acquire and maintain adequate shelter, but also face difficult trade-offs in meeting other basic needs. When so much of a paycheck goes toward the rent or mortgage, it makes it hard to afford to go to the doctor, cover the utility bills, or maintain reliable transportation to work or school.

While cost-burdened housing and severe housing problem rates look similar, and very slightly better than the State, the reality is that one-sixth to one-fifth of Mason County residents do not have safe, affordable housing, and over 100 of our community members are homeless.

Table 12. Housing and Homelessness, 2019

	Mason County	Washington
Cost-burdened household (%)	13%	14%
Severe housing problem households (%)	17%	18%
Homeless (number)	103	6,921

Source: County Health Rankings, Washington State Department of Commerce

What is a cost burden household?

HUD defines cost-burdened families as those who pay more than 30 percent of their income for housing.

What is a severe housing household?

Severe housing is defined as the percentage of households that spend 50% or more of their household income on housing.

Selected Priorities

The robust October 2019 community discussion and prioritization process resulted in the following ranking of community priorities

- Access to Behavioral Health
- Healthy Living
- Access to Affordable and Healthy Housing
- Access to Healthcare Services
- Trained and Prepared Workforce
- Healthy and Empowered Families
- Clean and Healthy Environment

Subsequent to the Board's adoption of the 2016-2019 CHNA, the data and priorities were used to inform MGH&FC's strategic objectives. ***Enhance Community/Population Health*** is the objective most directly tied to our CHNA. Its two performance measures include: 1) Closing Care Gaps, which involves identifying and closing high-priority care gaps in at risk populations and 2) fully integrating primary care and behavioral health.

After thoughtful consideration of the extent and magnitude of the community's needs; the hospital's expertise, experience, resources and capabilities, and the expertise, experiences, resources and capabilities of our community partners and other organizations in the Service area, MGH&FC has elected to "stay the course", but further refine and focus the priorities established with our 2016 CHNA.

We are confident that we can lead our selected initiatives and demonstrate quantifiable improvements over time. While we will not lead in certain areas, we still intend to actively support and partner in other initiatives, especially those around housing insecurity and programs for residents living on the margins wherein we improve mental and physical wellbeing.

Consistent with 26 CFR § 1.501(r)-3, MGH&FC must adopt its CHNA Implementation Strategy on or before the 15th day of the fifth month after the end the taxable year in which the CHNA is adopted, or by May 2020. Over the next several months MGH&FC will work with community stakeholders and partners and our medical staff and employees to finalize the Implementation Strategies.

At this time, our preliminary 2020 selected Implementation Strategies include:

Implementation Strategy 1 – *Improve access to behavioral health (mental health and substance use) by mitigating community behavioral health challenges:*

The **goal** here is to improve access to and reduce wait times for behavioral health services for District residents. Specific strategies are expected to include:

a. Recruit and retain additional behavioral health providers.
b. Orient, train and support the three recently recruited mental health providers.
c. Integrate behavioral health within the ambulatory and inpatient/outpatient settings.

Anticipated Impacts include more services, more availability for those unable/unwilling to travel, reduced hospitalizations and incarcerations associated with behavioral health crises, and reduced substance abuse hospitalizations and deaths.

Implementation Strategy 2 – *Increase access to, and availability of preventive care by closing care gaps:*

The **goal** here is to prevent disease, detect health problems early and to provide education to support good health related decisions and reduce the risk of injury. Specific strategies are expected to include:

a. Standardize protocols and engaging providers and their staffs.
b. Closing care gaps through annual reminders for preventative annual screening. For example: colorectal, breast and cervical cancer screenings.
c. Community education to provide information on healthy lifestyle choices and reduce the risk of injury and disease progression.
d. Automatic outreach to clinic patients and families. The goal here is to give patients choice and engage them in how and when they would like to connect with the care team.
e. Coordinate with Public Health and the Schools.

Anticipated Impacts include reduced burden associated with preventable infection and diseases, and community empowerment to manage their own health disparities.

- **Implementation Strategy 3** – *Realize a healthier environment and opportunities for Mason County's children, youth and families:*

The **goal** here is to provide a healthier environment for Mason's children, youth and families. Specific strategies are expected to include:

a. Continue parenting support and skills development.
b. Create community meeting space at the new YMCA that will be used to provide health education, support groups, health coaching and other health and wellness programs
c. Continue to offer pediatric behavioral health services with specialized pediatric behavioral health providers.

Anticipated Impacts are long-term and include healthier behaviors and with less burden of ACES and obesity.